

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043208

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 460 Primary Registration District No. 559 Registrar's No. 170

VS 300  
Rev. 4/59

10500

2400X

3

4 0

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9420.1

10

11

1292-3

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

1. PLACE OF DEATH  
a. COUNTY Jefferson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Rural Joachim

Length of stay in 1b  
DOA

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Jefferson Memorial Hosp.

Inside Limits  
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY St. Louis

c. CITY OR TOWN Overland Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
9425 Chester Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print) First Oakley Middle A. Last Denney

4. DATE OF DEATH Month Nov. Day 18, Year 1962

5. SEX M

6. COLOR OR RACE W

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 9/3/1886

9. AGE (last birthday) 76

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Maintenance Man (Ret)

10b. KIND OF BUSINESS OR INDUSTRY  
American Cable Co.

11. BIRTHPLACE (City and state or country)  
Cunningham, Ky.

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Charles Washington Denney

13b. MOTHER'S MAIDEN NAME

Mary Elizabeth Moyers

14. NAME OF HUSBAND OR WIFE

Hattie M. Denney

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.  
[REDACTED]

17. INFORMANT Address  
Mrs. Hattie M. Denney, 9425 Chester, Overland, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis.

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour 11 a.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Coroner's View and last saw her alive on 4:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

James P. Decker, D.C. Coroner

22b. ADDRESS

Feastus, Mo.

22c. DATE SIGNED

11-19-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11/21/62

23c. NAME OF CEMETERY OR CREMATORY

V alhalla

23d. LOCATION (City, town, or county)

Ste Louis County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Bauman Brothers, Overland, Mo.

25. DATE RECD. BY LOCAL REG.

11-19-62

26. REGISTRAR'S SIGNATURE

[Signature]

USE BLACK INK  
OR  
TYPEWRITER RIBBON

BY AFFIDAVIT OF

NOV 29 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Donald H. Wingard*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*H6008*  
*Festus, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.